SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Real Estate Investment Trusts, Inc. Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Robuck, Scott, , , Date of Receipt Mailing Address 6711 Columbia Gateway Dr Ste 300 2018 City Zip Code State Transaction ID: 042514F049265AC5F13 MD Columbia 21046-2383 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP-Finance & Treasurer** Corporate Office Properties Trust Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sullins, Andrew, , , Date of Receipt Mailing Address 2 N Riverside Plz 05 2018 Ste 400 City State Zip Code Transaction ID : EC9300677D931771576 IL Chicago 60606-2624 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Equity Residential Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Thompson, III, C. Reynolds, , , Date of Receipt Mailing Address 1000 Urban Center Dr 24 2018 Ste 501 City State Zip Code Transaction ID: D747E8768CD471E7BC5 AL Vestavia 35242-2225 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Medical Properties Trust Inc. Director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7